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CONFIRMATION NO. 5323

SERIAL NUMBER 09/842,283	FILING DATE 04/24/2001 RULE	CLASS 705	GROUP ART UNIT 2162 3626	ATTORNEY DOCKET NO. CRNC.86595
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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/189,731 11/10/1998  
 WHICH IS A CON OF 08/629,763 04/08/1996 PAT 5,833,599 \*  
 WHICH IS A CON OF 08/167,286 12/13/1993 ABN  
 (\*) Data inconsistent with PTO records.

OK NIP

NONE NIP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/07/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>M. Par</i> <i>MP</i> Examiner's Signature Initials
STATE OR COUNTRY	CO
SHEETS DRAWING	22
TOTAL CLAIMS	1
INDEPENDENT CLAIMS	1

## ADDRESS

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## TITLE

Providing patient-specific drug information

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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